

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No.

108

Registered No.

198

## 1. PLACE OF BIRTH

County Gila

State Arizona

Township

City Miami

or Village

No. 45 Harris Canon

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Winnell Louise Gardner

If child is not yet named, make supplemental report, as directed

3. Sex

Female

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legiti-

mate? yes

8. Date of birth

Sept. 21, 1932  
(Month, day, year)

9. Full name

FATHER

Edgar Gardner

16. Full maiden name

MOTHER

Bertha Glass

10. Residence (usual place of abode)  
(If nonresident, give place and State)

Miami Ariz.

19. Residence (usual place of abode)  
(If nonresident, give place and State)

Miami, Arizona

11. Color or race

Colored

2. Age at last birthday

44 (Years)

20. Color or race

Colored

21. Age at last birthday

34 (Years)

13. Birthplace (city or place)

Gilmer

(State or country)

Texas

22. Birthplace (city or place)

Austin

(State or country)

Texas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Miami Copper Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother  
(At time of this birth and including this child)

(a) Born alive and now living 6

(b) Born alive but now dead 1

(c) Stillborn —

28. If stillborn, period of gestation

{ months or weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2<sup>15</sup> P. M. on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

Cyril M. Brown

M.D.

or

Midwife

Address

Miami, Arizona

Filed Oct. 6, 1932

Registrar

Given name added from supplemental report

(Date of)

679-921-272

Registrar